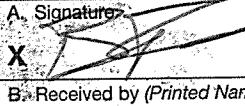


SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Complete items 1, 2, and 3. <input type="checkbox"/> Print your name and address on the reverse so that we can return the card to you. <input type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits. 		A. Signature 	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to:		B. Received by (Printed Name)	C. Date of Delivery
<p>Adventis Acquisition, Inc. Bryant Cass, Registered Agent 6663 Cotton Hill Road Roanoke, VA 24018 5:19-cv-332; Docs. 21 & 22</p>		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
2.  7020 2450 0002 2647 6540		U.S. DISTRICT COURT WHEELING, W. Va. Priority Mail Express® <input checked="" type="checkbox"/> <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation <input type="checkbox"/> Restricted Delivery (over \$500) Every Restricted Delivery Restricted Delivery	
PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt			

FILED**SEP 2 2021**